

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the linesAmerican Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

ADDRESS (number and street)

1111 North Fairfax St.

☐Check if different
than previously
reported. (ACC)

Alexandria

VA

22314

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00012880

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

10

14

2010

through

11

22

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mr Justin Moore

Signature of Treasurer

Electronically Filed by Mr Justin Moore

Date

12

02

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 110

Write or Type Committee Name

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

Report Covering the Period:

From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	539912.17
(b) Cash on Hand at Beginning of Reporting Period	337468.35	
(c) Total Receipts (from Line 19)	122722.86	628947.42
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	460191.21	1168859.59
7. Total Disbursements (from Line 31)	92500.00	801168.38
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	367691.21	367691.21
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE **OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

Report Covering the Period:

From:

M M D D Y Y W Y
1 0 1 4 2 0 1 0

To:

M M D D Y Y W Y
1 1 2 2 2 0 1 0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	77913.15	302318.79
(ii) Unitemized	44718.67	322935.95
(iii) TOTAL (add Lines 11(a)(i) and (ii)	122631.82	625254.74
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	122631.82	625254.74
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	25.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	91.04	1167.68
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	122722.86	628947.42
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	122722.86	628947.42

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	91500.00	783865.45	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	1000.00	1000.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	1000.00	1000.00	
29. Other Disbursements.....	0.00	16302.93	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	92500.00	801168.38	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	92500.00	801168.38	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	122631.82	625254.74
34. Total Contribution Refunds (from Line 28(d))	1000.00	1000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	121631.82	624254.74
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	25.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	-25.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Mr Dannie Carroll Smith

Mailing Address 42 Dogwood Trl

City

Thomaston

State

GA

Zip Code

30286-4911

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Transaction ID: 37116045

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Billy Butch

Mailing Address 1033 Perry Hwy

City

Pittsburgh

State

PA

Zip Code

15237-2123

FEC ID number of contributing
federal political committee.

C

Name of Employer
Physical Rehab Services

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Transaction ID: 37125278

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mary S. Butch

Mailing Address 4463 McCaslin Ridge Dr

City

Allison Park

State

PA

Zip Code

15101-2165

FEC ID number of contributing
federal political committee.

C

Name of Employer
Physical Rehab Services

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Transaction ID: 37125367

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Mr Michael Joseph Horsfield

Mailing Address 27220 205th Ave

City

Eldridge

State

IA

Zip Code

52748-9474

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rock Valley Physical Ther-
apy

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Transaction ID: 37125823

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mark Allen Anderson

Mailing Address 1952 E 7000 S Ste 100

City

Salt Lake City

State

UT

Zip Code

84121-6878

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 37130621

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms Jennifer Ann Lesko

Mailing Address 702 2nd Ave W Apt 205

City

Seattle

State

WA

Zip Code

98119-3771

FEC ID number of contributing
federal political committee.

C

Name of Employer
Therapeutic Associates

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 37134998

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Thomas Matthew Peterson

Mailing Address 1521 Northway Dr Ste 116

City

Saint Cloud

State

MN

Zip Code

56303-1274

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kinesis Physical Therapy
IncOccupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 37136495

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Gabe Matthew Freyaldenhoven

Mailing Address 2010 W 8th St

City

Russellville

State

AR

Zip Code

72801-5655

FEC ID number of contributing
federal political committee.

C

Name of Employer
River Valley Therapy & Sp-
orts MedicineOccupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: 37166575

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Jerome B Connolly

Mailing Address 632 Snow Goose Ln

City

Annapolis

State

MD

Zip Code

21409-5757

FEC ID number of contributing
federal political committee.

C

Name of Employer
AAFPOccupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 37166576

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Ms Angela Wilson Pennisi

Mailing Address 901 Hinman Ave Apt 2f

City

Evanston

State

IL

Zip Code

60202-1820

FEC ID number of contributing
federal political committee.

C

Name of Employer
LakeShore Sports Physical
Therapy

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: 37166578

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Mr Timothy J. Coleman

Mailing Address 2510 Lawrence Ln

City

Homewood

State

IL

Zip Code

60430-1634

FEC ID number of contributing
federal political committee.

C

Name of Employer
METT Therapy Services

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: 37166580

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Matthew Todd Goodemote

Mailing Address 185 1st Ave

City

Gloversville

State

NY

Zip Code

12078-3405

FEC ID number of contributing
federal political committee.

C

Name of Employer
Community PT & Wellness

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 37166581

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Jeffrey Ostrowski

Mailing Address 420 Bainbridge St

City

Philadelphia

State

PA

Zip Code

19147-1568

FEC ID number of contributing
federal political committee.

C

Name of Employer
Excel Physical Therapy

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 37166583

Amount of Each Receipt this Period

750.00

B.

Full Name (Last, First, Middle Initial)

Mark Charles Navilliat

Mailing Address 3961 Nassau Cir W

City

Englewood

State

CO

Zip Code

80113-5126

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: 37166586

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

William Philip Hopfinger

Mailing Address 78 Kenrick Plz

City

Saint Louis

State

MO

Zip Code

63119-4414

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Louis Home Health

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: 37166588

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

John D. Barnes

Mailing Address 1005 Hardee Place

City

Alexandria

State

VA

Zip Code

22304-1719

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Physical Therapy
Association

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.87

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: 37176016

Amount of Each Receipt this Period

38.47

B.

Full Name (Last, First, Middle Initial)

Mr Matthew Wayne Elrod

Mailing Address 4782 Farndon Ct

City

Fairfax

State

VA

Zip Code

22032-1913

FEC ID number of contributing
federal political committee.

C

Name of Employer
APTA

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

439.04

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: 37176019

Amount of Each Receipt this Period

19.24

C.

Full Name (Last, First, Middle Initial)

Mary Jane Harris

Mailing Address 6500 Langleigh Way

City

Alexandria

State

VA

Zip Code

22315-3454

FEC ID number of contributing
federal political committee.

C

Name of Employer
APTA

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

404.04

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: 37176041

Amount of Each Receipt this Period

19.24

SUBTOTAL of Receipts This Page (optional)

76.95

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Kenneth Joseph Harwood

Mailing Address 12551 Manderley Way

City

Herndon

State

VA

Zip Code

20171-1828

FEC ID number of contributing
federal political committee.

C

Name of Employer
APTA

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

404.04

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: 37176042

Amount of Each Receipt this Period

19.24

B.

Full Name (Last, First, Middle Initial)

Karen Jost

Mailing Address 400 Madison Street
Unit 805

City

Alexandria

State

VA

Zip Code

22314-1747

FEC ID number of contributing
federal political committee.

C

Name of Employer
APTA

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: 37176043

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Justin D Moore

Mailing Address 4819 1st St S

City

Arlington

State

VA

Zip Code

22204-1315

FEC ID number of contributing
federal political committee.

C

Name of Employer
APTA

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.87

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: 37176044

Amount of Each Receipt this Period

38.47

SUBTOTAL of Receipts This Page (optional)

97.71

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Kevin Sweeney

Mailing Address 180 N Gallatin Ave

City

Uniontown

State

PA

Zip Code

15401-2969

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sweeney Rehab & Fitness

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: 37184551

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Tracy Martin Law

Mailing Address 205 E Lamar St

City

Americus

State

GA

Zip Code

31709-3632

FEC ID number of contributing
federal political committee.

C

Name of Employer
Accelerated Physical Ther-
apy

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: 37184555

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Alex G. Saratsiotis

Mailing Address 205 E Lamar St

City

Americus

State

GA

Zip Code

31709-3632

FEC ID number of contributing
federal political committee.

C

Name of Employer
Accelerated Physical Ther-
apy

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: 37184556

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 110

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)**A.**

Full Name (Last, First, Middle Initial)

John McWilliams

Mailing Address 306 36th St

City

Bellingham

State

WA

Zip Code

98225-6580

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bellingham Physical TherapyOccupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: 37187009

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Jenq Horng Chen

Mailing Address 1937 Pontius Ave

City

Los Angeles

State

CA

Zip Code

90025-5611

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eva Care GroupOccupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: 37187020

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Charles M. Magistro

Mailing Address 3816 Hollins Ave

City

Claremont

State

CA

Zip Code

91711-1442

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: 37187069

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Diane Thompson

Mailing Address PO Box 620

City

Elmer

State

NJ

Zip Code

08318-0620

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.50

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 1 0

Transaction ID: 37300418

Amount of Each Receipt this Period

62.50

B.

Full Name (Last, First, Middle Initial)

Maryann Russo

Mailing Address 3632 Wildwood St

City

Yorktown Heights

State

NY

Zip Code

10598-1129

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northern Westchester-Putnam PT

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 37310764

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Cindy Furey

Mailing Address 5677 Oberlin Dr Ste 106

City

San Diego

State

CA

Zip Code

92121-1741

FEC ID number of contributing
federal political committee.

C

Name of Employer
Comprehensive Therapy Services

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 37329774

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

262.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Mary Pat Corrigan Jobes

Mailing Address 977 Giaroli St

City

Memphis

State

TN

Zip Code

38122-1934

FEC ID number of contributing
federal political committee.

C

Name of Employer
Methodist Health

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 37329775

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Kathryn B. Stenslie

Mailing Address 6201 River Rd.
Apt. 205

City

Columbus

State

GA

Zip Code

31904-4557

FEC ID number of contributing
federal political committee.

C

Name of Employer
PT Pros

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 37329785

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Margaret D. Soucek

Mailing Address 178 W Elm Ave

City

Mantua

State

NJ

Zip Code

08051-1510

FEC ID number of contributing
federal political committee.

C

Name of Employer
UM Hospital

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 37329786

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Ms Lynda D. Brown

Mailing Address 850 Road 5

City

Powell

State

WY

Zip Code

82435-8422

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advantage Rehab

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 37329787

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Jennifer Lynne Ford

Mailing Address 557 Park St Apt 6

City

Lewiston

State

ID

Zip Code

83501-2581

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Joseph Regional Medic-
al Center

Occupation
PTA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 37329789

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Anne-Marie Sirois

Mailing Address 10 Tatomuck Rd

City

Pound Ridge

State

NY

Zip Code

10576-1429

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 37329792

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Dennis P. Langton

Mailing Address 727 Live Oak Dr

City

El Cajon

State

CA

Zip Code

92020-5633

FEC ID number of contributing
federal political committee.

C

Name of Employer
E&L and Associates Physic-
al Therapy

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 37329793

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Susan Michlovitz

Mailing Address 15 Lisa Ln

City

Ithaca

State

NY

Zip Code

14850-1762

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 37329794

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Ms Victoria S T Tilley

Mailing Address 1101 Bartlett Cir

City

Hillsborough

State

NC

Zip Code

27278-6772

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 37329796

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Craig A. Moore

Mailing Address PO Box 160453

City

Altamonte Springs

State

FL

Zip Code

32716-0453

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Hospital Rehabili-
tation & Spor

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 37329797

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Kristin Von Nieda

Mailing Address 3420 Warden Dr

City

Philadelphia

State

PA

Zip Code

19129-1418

FEC ID number of contributing
federal political committee.

C

Name of Employer
Temple University

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 37329798

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Stephen McDavitt

Mailing Address 55 Spring St Unit B

City

Scarborough

State

ME

Zip Code

04074-8926

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 37329800

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Ms Sharon L. Dunn

Mailing Address 5730 Marina Bay Dr

City

Shreveport

State

LA

Zip Code

71119-3918

FEC ID number of contributing
federal political committee.

C

Name of Employer
LSUHSC-Shreveport

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 37329801

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Elmer Platz

Mailing Address 418 Route 515

City

Vernon

State

NJ

Zip Code

07462-3027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 37329807

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Rick Anthony Gawenda

Mailing Address 7913 Creek Bend Dr

City

Ypsilanti

State

MI

Zip Code

48197-6204

FEC ID number of contributing
federal political committee.

C

Name of Employer
Detroit Medical Center

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 37329808

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 110

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)**A.**

Full Name (Last, First, Middle Initial)

Mr Robert H. Clark, II

Mailing Address 68 Mile Hill Rd S

City

Newtown

State

CT

Zip Code

06470-2360

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: 37329810

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dr Barbara Sanders

Mailing Address 6913 Nubian Ln

City

Austin

State

TX

Zip Code

78739-2203

FEC ID number of contributing
federal political committee.

C

Name of Employer
Texas State UniversityOccupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: 37329811

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Kathleen K. Mairella

Mailing Address 256 Whitford Ave

City

Nutley

State

NJ

Zip Code

07110-1820

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

835.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: 37329812

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Ms Amy Christiaens Sanderson

Mailing Address 30905 S Pine Grove Rd

City

Cheney

State

WA

Zip Code

99004-9306

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apex Physical Therapy

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 37329813

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Kathy White

Mailing Address PO Box 10565

City

Knoxville

State

TN

Zip Code

37939-0565

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 37329814

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Richard L Bettesworth

Mailing Address 723 N 71st St

City

Seattle

State

WA

Zip Code

98103-5128

FEC ID number of contributing
federal political committee.

C

Name of Employer
Swedish Medical Center

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 37329819

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

175.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Daniel Lilley

Mailing Address 800 Compton Rd Unit 3

City

Cincinnati

State

OH

Zip Code

45231-3846

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 37329821

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr David A. Pariser

Mailing Address 5319 Manor Ct

City

Crestwood

State

KY

Zip Code

40014-8845

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bellarmine University

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 37329822

Amount of Each Receipt this Period

60.00

C.

Full Name (Last, First, Middle Initial)

Mr Greg Joseph LeBlanc

Mailing Address 16313 Spanish Ct

City

Greenwell Springs

State

LA

Zip Code

70739-5935

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baton Rouge Physical Ther-
apy

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

406.68

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 37329823

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

335.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Dr William D. Bandy

Mailing Address Ptc 300

City

Conway

State

AR

Zip Code

72035-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Central Ark-
ansas

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 37329824

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Ms Beth McKittrick-Bandy

Mailing Address 822 Cartier Ln

City

Little Rock

State

AR

Zip Code

72211-5509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arkansas Children's Hospi-
tal

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 37329825

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Jeanine Marie Gunn

Mailing Address 2092 S State Route 123

City

Lebanon

State

OH

Zip Code

45036-9640

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 37329826

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Mary Lynn Wilson English

Mailing Address 1985 Blackhorse Ln

City

Lexington

State

KY

Zip Code

40503-3707

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Kentucky

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 37329827

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr Lisa Kristine Saladin

Mailing Address 1325 Overcreek Ct

City

Mount Pleasant

State

SC

Zip Code

29464-9490

FEC ID number of contributing
federal political committee.

C

Name of Employer
MUSC

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1220.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 37329828

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Timothy Schell

Mailing Address 408 Taas Trail

City

Mercer

State

PA

Zip Code

16137-9350

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 37329829

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Dr Kathleen Ann Luedtke-Hoffmann

Mailing Address 2722 Woods Ln

City

Garland

State

TX

Zip Code

75044-2808

FEC ID number of contributing
federal political committee.

C

Name of Employer
Texas Women's University

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 37329830

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mr Peter J McMenamin

Mailing Address 130 N Garland Ct Apt 3805

City

Chicago

State

IL

Zip Code

60602-4836

FEC ID number of contributing
federal political committee.

C

Name of Employer
Physical Therapy Chicago

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 37329834

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Craig Kopet

Mailing Address 16259 Sylvester Rd Sw Ste 102

City

Burien

State

WA

Zip Code

98166-3094

FEC ID number of contributing
federal political committee.

C

Name of Employer
Highline PT & Sports Clinic

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 37329835

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Mr Arthur Clarence Bronsord

Mailing Address 16917 Ketocin Church Rd

City

Purcellville

State

VA

Zip Code

20132-3542

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of the Art Physical
Therapy

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 37329837

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

David Vincent Powers

Mailing Address 1583 Calle Patricia Ste 200

City

Pacific Palisades

State

CA

Zip Code

90272-1942

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ultimate Rehab

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 37329842

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Maria V. Gerlich

Mailing Address 865 W End Ave Apt 12e

City

New York

State

NY

Zip Code

10025-8408

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 37329843

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Pamela G. Unger

Mailing Address 443 Wentz St

City

Kutztown

State

PA

Zip Code

19530-1033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cellfication Inc.

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 37329848

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Jerry Klug

Mailing Address 1475 1st Ave Sw

City

Jacksonville

State

AL

Zip Code

36265-3337

FEC ID number of contributing
federal political committee.

C

Name of Employer
AL Physical Rehab Service

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1875.01

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 37329849

Amount of Each Receipt this Period

208.33

C.

Full Name (Last, First, Middle Initial)

Mr Peter Barnett

Mailing Address PO Box 319
194 2nd Ave

City

Cedar Grove

State

NJ

Zip Code

07009-0319

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 37329850

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

408.33

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Dr Rebecca Craik

Mailing Address 123 Oberholtzer Rd

City

Gilbertsville

State

PA

Zip Code

19525-8619

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arcadia University

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 37331235

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr William F. Whiteford

Mailing Address 945 Neese Ln

City

New Market

State

VA

Zip Code

22844-2076

FEC ID number of contributing
federal political committee.

C

Name of Employer
Appalachian Physical Ther-
apy

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 37331454

Amount of Each Receipt this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

Nanette Vrana

Mailing Address 299 Buckingham Rd

City

Pittsburgh

State

PA

Zip Code

15215-1562

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fox Chapel Physical Thera-
py

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 1 0

Transaction ID: 37331458

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 110

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)**A.**

Full Name (Last, First, Middle Initial)

Elizabeth Knerr

Mailing Address 926 Sunny Hill Ln

City

Harrisburg

State

PA

Zip Code

17111-4663

FEC ID number of contributing
federal political committee.

C

Name of Employer
Penn State - Hershey Medi-
cal CenterOccupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: 37342833

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Richard F. Biggers

Mailing Address 16744 Ashton Oaks Dr

City

Charlotte

State

NC

Zip Code

28278-8430

FEC ID number of contributing
federal political committee.

C

Name of Employer
Focus Physical TherapyOccupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: 37342977

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr Gabriel E. Yankowitz

Mailing Address 7602 Cavalry Cir

City

Manlius

State

NY

Zip Code

13104-1503

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Camillus Health and
RehabOccupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	1	0

Transaction ID: 37343019

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Jay M. Goodfarb

Mailing Address 110 E San Miguel Ave

City

Phoenix

State

AZ

Zip Code

85012-1339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Corizona Services Interna-
tional

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 1 0

Transaction ID: 37343955

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Ms Jean Marie Hammill

Mailing Address 3105 28th Ave

City

Marion

State

IA

Zip Code

52302-1354

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marion Physical Therapy

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 37346919

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Helen Owens

Mailing Address 12261 W 159th St

City

Homer Glen

State

IL

Zip Code

60491-7847

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 1 0

Transaction ID: 37346977

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Jason Michael Henry

Mailing Address 1935 Lake Circle Dr E

City

Saginaw

State

MI

Zip Code

48609-9476

FEC ID number of contributing
federal political committee.

C

Name of Employer
Covenant Healthcare

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Transaction ID: 37350901

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Daniel Henley Best

Mailing Address 2629 W State Road 434

City

Longwood

State

FL

Zip Code

32779-4878

FEC ID number of contributing
federal political committee.

C

Name of Employer
Longwood Rehab

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 37350931

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr Henry Helms

Mailing Address 31121 Holly Dr

City

Laguna Beach

State

CA

Zip Code

92651-6938

FEC ID number of contributing
federal political committee.

C

Name of Employer
New West Rehabilitation

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 37351029

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 110

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)**A.**

Full Name (Last, First, Middle Initial)

Ms Teresa Lou Maciejewski

Mailing Address 1504 River Run Ct

City

Fort Wayne

State

IN

Zip Code

46825-5937

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self-EmployedOccupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Transaction ID: 37352927

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Janet R. Bezner

Mailing Address 1111 N Fairfax St

City

Alexandria

State

VA

Zip Code

22314-1484

FEC ID number of contributing
federal political committee.**C**Name of Employer
APTAOccupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Transaction ID: 37352928

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

John D. Barnes

Mailing Address 1005 Hardee Place

City

Alexandria

State

VA

Zip Code

22304-1719

FEC ID number of contributing
federal political committee.**C**Name of Employer
American Physical Therapy
AssociationOccupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.34

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	1	0

Transaction ID: 37354917

Amount of Each Receipt this Period

38.47

SUBTOTAL of Receipts This Page (optional)

588.47

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Mr Matthew Wayne Elrod

Mailing Address 4782 Farndon Ct

City

Fairfax

State

VA

Zip Code

22032-1913

FEC ID number of contributing
federal political committee.

C

Name of Employer
APTA

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.28

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: 37354920

Amount of Each Receipt this Period

19.24

B.

Full Name (Last, First, Middle Initial)

Mary Jane Harris

Mailing Address 6500 Langleigh Way

City

Alexandria

State

VA

Zip Code

22315-3454

FEC ID number of contributing
federal political committee.

C

Name of Employer
APTA

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.28

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: 37354922

Amount of Each Receipt this Period

19.24

C.

Full Name (Last, First, Middle Initial)

Kenneth Joseph Harwood

Mailing Address 12551 Manderley Way

City

Herndon

State

VA

Zip Code

20171-1828

FEC ID number of contributing
federal political committee.

C

Name of Employer
APTA

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.28

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: 37354923

Amount of Each Receipt this Period

19.24

SUBTOTAL of Receipts This Page (optional)

57.72

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 35 / 110

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Karen Jost

Mailing Address 400 Madison Street
Unit 805

City State Zip Code
Alexandria VA 22314-1747

FEC ID number of contributing
federal political committee.

C

Name of Employer
APTA

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: 37354924

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Justin D Moore

Mailing Address 4819 1st St S

City State Zip Code
Arlington VA 22204-1315

FEC ID number of contributing
federal political committee.

C

Name of Employer
APTA

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.34

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: 37354925

Amount of Each Receipt this Period

38.47

C.

Full Name (Last, First, Middle Initial)

Mr Gregory Campbell

Mailing Address 17 Perry Ln

City State Zip Code
Pittsburgh PA 15229-1123

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fox Chapel Physical Thera-
py

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 4 / 2 0 1 0

Transaction ID: 37384487

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

578.47

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Ms Christine M. Woods

Mailing Address 17 Perry Ln

City

Pittsburgh

State

PA

Zip Code

15229-1123

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fox Chapel Physical Thera-
py

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 4 / 2 0 1 0

Transaction ID: 37384513

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Carolyn L Bloom

Mailing Address 1045 Sw Gage Blvd

City

Topeka

State

KS

Zip Code

66604-1780

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Regional Health Cen-
ter

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 4 / 2 0 1 0

Transaction ID: 37385234

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr Joel Michael Johnson

Mailing Address 1314 8th St Ne

City

Auburn

State

WA

Zip Code

98002-4587

FEC ID number of contributing
federal political committee.

C

Name of Employer
Renton Sports & Spine PT

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 4 / 2 0 1 0

Transaction ID: 37385235

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Connie B Miller

Mailing Address PO Box 6

City

Chelan

State

WA

Zip Code

98816-0006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chelan Physical Therapy

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Transaction ID: 37385286

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Janavice Ann MacKenzie

Mailing Address 31000 Lahser Rd Ste 1

City

Beverly Hills

State

MI

Zip Code

48025-4847

FEC ID number of contributing
federal political committee.

C

Name of Employer
Integrated Physical Thera-
py

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Transaction ID: 37385287

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr Victor G. Vaughan

Mailing Address 1732 Whitney Ave Apt 2

City

Hamden

State

CT

Zip Code

06517-1925

FEC ID number of contributing
federal political committee.

C

Name of Employer
Integrated Rehab

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Transaction ID: 37385290

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Wendy D. Bircher

Mailing Address 4002 Skyline Dr

City

Farmington

State

NM

Zip Code

87401-9220

FEC ID number of contributing
federal political committee.

C

Name of Employer
San Juan College Physical
Therapist As

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 4 / 2 0 1 0

Transaction ID: 37385291

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms Sally B. Oxley

Mailing Address 1901 Washington Blvd

City

Huntington

State

WV

Zip Code

25701-5319

FEC ID number of contributing
federal political committee.

C

Name of Employer
Huntington Physical Thera-
py

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Transaction ID: 37385295

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms Margaret Mary Naulty

Mailing Address 1622 W Sunnyside Ave

City

Chicago

State

IL

Zip Code

60640-5908

FEC ID number of contributing
federal political committee.

C

Name of Employer
Center of Balance, PC

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 4 / 2 0 1 0

Transaction ID: 37385299

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Zoe Fackelman

Mailing Address 241 Parrish St Ste A

City

Canandaigua

State

NY

Zip Code

14424-1727

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Country Physical The-
rapy & Sports

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 4 / 2 0 1 0

Transaction ID: 37385306

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Eugene H. Inagaki

Mailing Address 4060 Glencoe Ave Apt 220

City

Marina Del Rey

State

CA

Zip Code

90292-5883

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 37388348

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Mr Ajay M. Kalola

Mailing Address 14 Woodward Dr Ste B

City

Old Bridge

State

NJ

Zip Code

08857-3363

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central Jersey PT Associa-
tes

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 37388350

Amount of Each Receipt this Period

255.00

SUBTOTAL of Receipts This Page (optional)

405.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Jill Teresa Sullivan, DPT

Mailing Address PO Box 4360

City

Hagatna

State

GU

Zip Code

96932-8360

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 1 0

Transaction ID: 37388374

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mr Warren Dean McCall

Mailing Address 110 W Academy St

City

Williamston

State

NC

Zip Code

27892-2060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Roanoke Therapeutic Services, Inc.

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

605.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 4 / 2 0 1 0

Transaction ID: 37388543

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Ms Nicole Terumi Taniguchi

Mailing Address PO Box 143096

City

Anchorage

State

AK

Zip Code

99514-3096

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANMC

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 4 / 2 0 1 0

Transaction ID: 37388545

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Kristie Patricia Leverenz

Mailing Address 7411 112th St

City

Blue Grass

State

IA

Zip Code

52726-9121

FEC ID number of contributing
federal political committee.

C

Name of Employer
United Therapy Services

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 4 / 2 0 1 0

Transaction ID: 37388548

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr Nancy B. Reese

Mailing Address 201 S Donaghey Avenue, Ptc 303

City

Conway

State

AR

Zip Code

72035-5001

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Central Ark-
ansas

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 4 / 2 0 1 0

Transaction ID: 37388556

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mr John C. Dugan

Mailing Address 20 Lenox Rd

City

Farmingdale

State

NY

Zip Code

11735-1925

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 4 / 2 0 1 0

Transaction ID: 37388558

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 42 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Eric Winfred Jackson

Mailing Address 3662 Inwood Ave

City

New Orleans

State

LA

Zip Code

70131-8404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 4 / 2 0 1 0

Transaction ID: 37388559

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Anne W Thompson

Mailing Address 124 Cherryfield Ln

City

Savannah

State

GA

Zip Code

31419-9095

FEC ID number of contributing
federal political committee.

C

Name of Employer
Armstrong State University

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 4 / 2 0 1 0

Transaction ID: 37388565

Amount of Each Receipt this Period

41.67

C.

Full Name (Last, First, Middle Initial)

Bobbie Hurt

Mailing Address 1810 Tremont St

City

Galveston

State

TX

Zip Code

77550-7904

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 4 / 2 0 1 0

Transaction ID: 37388572

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

241.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 43 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Beth Whitehead

Mailing Address PO Box 37

City

Jackson

State

AL

Zip Code

36545-0037

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Actions

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 4 / 2 0 1 0

Transaction ID: 37388573

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Michael Sean Hampton

Mailing Address 10585 Santa Monica Blvd Ste 100

City

Los Angeles

State

CA

Zip Code

90025-4984

FEC ID number of contributing
federal political committee.

C

Name of Employer
ADI Rehab

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 4 / 2 0 1 0

Transaction ID: 37388574

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Steven Cassabaum

Mailing Address 62944 Sunset Dr

City

Nevada

State

IA

Zip Code

50201-7947

FEC ID number of contributing
federal political committee.

C

Name of Employer
21st Century Rehab

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 4 / 2 0 1 0

Transaction ID: 37388577

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Dr Brian Joseph Boyle

Mailing Address 270 Ranlo Ave

City

Gastonia

State

NC

Zip Code

28054-0026

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gaston Rehab Associates

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 37390513

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Jennie Kane Gregory

Mailing Address 1002 Abercorn PI

City

Sherwood

State

AR

Zip Code

72120-6502

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Vincent Health Systems

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 2 / 2 0 1 0

Transaction ID: 37392876

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Pamela White

Mailing Address 1695 Peach Ave

City

Memphis

State

TN

Zip Code

38112-5215

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 1 0

Transaction ID: 37516256

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Chris Mark Mallett

Mailing Address 1942 Huntington Dr

City

South Pasadena

State

CA

Zip Code

91030-4959

FEC ID number of contributing
federal political committee.

C

Name of Employer
ATP Physical Therapy

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 1 0

Transaction ID: 37516257

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

William T Chapin

Mailing Address 92 Limewood Ave Unit B5

City

Branford

State

CT

Zip Code

06405-5338

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 1 0

Transaction ID: 37516258

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ann Giffin

Mailing Address Box 52 UTMC
1924 Alcoa Hwy

City

Knoxville

State

TN

Zip Code

37901-0052

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Tennessee

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 1 0

Transaction ID: 37516261

Amount of Each Receipt this Period

45.00

SUBTOTAL of Receipts This Page (optional)

545.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Anne Lamb

Mailing Address 1006 Prairie Ln Ne

City

Owatonna

State

MN

Zip Code

55060-1977

FEC ID number of contributing
federal political committee.

C

Name of Employer
In Touch Physical Therapy

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 1 0

Transaction ID: 37516289

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Douglas Warren Free

Mailing Address 15835 Se 4th St

City

Bellevue

State

WA

Zip Code

98008-4805

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercer Island Physical Therapy

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 4 / 2 0 1 0

Transaction ID: 37516386

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr Francis J. McDonald

Mailing Address 51364 Lake Pointe Ct

City

Granger

State

IN

Zip Code

46530-9696

FEC ID number of contributing
federal political committee.

C

Name of Employer
McDonald Physical Therapy

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 1 0

Transaction ID: 37516456

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Brenda Horn

Mailing Address 626 W Kansas Ave

City

Chickasha

State

OK

Zip Code

73018-3322

FEC ID number of contributing
federal political committee.

C

Name of Employer
CPTC

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 1 0

Transaction ID: 37516461

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Holly Johnson

Mailing Address 34 Fern St

City

Harlan

State

KY

Zip Code

40831-3542

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harlan PT Clinic

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 1 0

Transaction ID: 37516476

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Paul A. Rockar, Jr

Mailing Address 3911 Murry Highlands Cir

City

Murrysville

State

PA

Zip Code

15668-1734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Centers for Rehab Services

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2940.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 1 0

Transaction ID: 37516495

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Marjorie Weigel

Mailing Address PO Box 624

3736 Trace Creek Road

City

Milton

State

WV

Zip Code

25541-0624

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 1 0

Transaction ID: 37516497

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dallas Clay Williams

Mailing Address 443 Elkins Lk

City

Huntsville

State

TX

Zip Code

77340-7311

FEC ID number of contributing
federal political committee.

C

Name of Employer
Physical Therapy Associat-
es

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 1 0

Transaction ID: 37518918

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms Janet L. Downey

Mailing Address 4585 Lancaster Dr

City

Clarkston

State

MI

Zip Code

48348-3657

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hurley Medical Center

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 1 0

Transaction ID: 37518944

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Corrie Odom

Mailing Address 2200 West Main St.
A210

City State Zip Code
Durham NC 27705-4640

FEC ID number of contributing
federal political committee.

C

Name of Employer
Duke University

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 1 0

Transaction ID: 37518953

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dr Barbara A. Tschoepe

Mailing Address 3333 Regis Blvd # G4
3333 W 50th Ave

City State Zip Code
Denver CO 80221-1154

FEC ID number of contributing
federal political committee.

C

Name of Employer
Regis University

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 1 0

Transaction ID: 37518954

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Timothy Lyons

Mailing Address 364 Private Road 8581

City State Zip Code
Winnsboro TX 75494-8092

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 1 0

Transaction ID: 37518957

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Eva Norman

Mailing Address 11144 Hillsboro Ave N

City

Champlin

State

MN

Zip Code

55316-3128

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ortho Rehab Specialists

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Transaction ID: 37518959

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

William H. Born

Mailing Address N36w22615 Long Valley Rd

City

Pewaukee

State

WI

Zip Code

53072-4182

FEC ID number of contributing
federal political committee.

C

Name of Employer
HealthReach Rehabilitation
Services

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 8 / 2 0 1 0

Transaction ID: 37523964

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms Gretchen A. Seif

Mailing Address 1970 Pierce St

City

Daniel Island

State

SC

Zip Code

29492-7988

FEC ID number of contributing
federal political committee.

C

Name of Employer
MUSC

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 2 / 2 0 1 0

Transaction ID: 37523976

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 110

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)**A.**

Full Name (Last, First, Middle Initial)

Brad A. Thuringer

Mailing Address 1010 17th Ave S

City

Brookings

State

SD

Zip Code

57006-4099

FEC ID number of contributing
federal political committee.**C**Name of Employer
Lake Area Technical Insti-
tuteOccupation
PTA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

924.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	1	0

Transaction ID: 37523983

Amount of Each Receipt this Period

84.00

B.

Full Name (Last, First, Middle Initial)

Julie Lee Rosen

Mailing Address 445 Park Ave

City

Glencoe

State

IL

Zip Code

60022-1527

FEC ID number of contributing
federal political committee.**C**Name of Employer
Sava Senior CareOccupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

835.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	1	0

Transaction ID: 37523984

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Ms Jane S. Baldwin

Mailing Address 12 9th St Apt 603

City

Medford

State

MA

Zip Code

02155-5165

FEC ID number of contributing
federal political committee.**C**Name of Employer
Health PartnersOccupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	1	0

Transaction ID: 37523986

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

234.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 110

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)**A.**

Full Name (Last, First, Middle Initial)

Judith Hickes

Mailing Address 111 Rothsville Station Rd

City

Lititz

State

PA

Zip Code

17543-8882

FEC ID number of contributing
federal political committee.**C**Name of Employer
BHB Rehab ServicesOccupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	1	0

Transaction ID: 37523988

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Ann Marie Cooper

Mailing Address 1915 Alabama St

City

Lawrence

State

KS

Zip Code

66046-2647

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self-EmployedOccupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	1	0

Transaction ID: 37524069

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Sheila K. Nicholson

Mailing Address 6143 Whimbrelwood Dr

City

Lithia

State

FL

Zip Code

33547-4101

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self-EmployedOccupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	1	0

Transaction ID: 37524204

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Mr Robert Peter Worth

Mailing Address 3101 E Canvasback Ln

City

Appleton

State

WI

Zip Code

54913-8010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Physical Therapy
& Sports Med

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 1 0

Transaction ID: 37526855

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ron Dean Enyeart

Mailing Address 2850 228th Ave Se Ste B

City

Sammamish

State

WA

Zip Code

98075-9328

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pine Lake Physical Therapy

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 1 0

Transaction ID: 37526880

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr Charles Ernest Line

Mailing Address 17441 Walnut St

City

Yorba Linda

State

CA

Zip Code

92886-1826

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: 37526889

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Mr Carl J. Mangione

Mailing Address 23 Neshaminy Dell Dr

City

Doylestown

State

PA

Zip Code

18901-7039

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mangione Physical Therapy

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 37526891

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Jake McPherson

Mailing Address 1785 Eggert Rd

City

Amherst

State

NY

Zip Code

14226-2352

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Transaction ID: 37532006

Amount of Each Receipt this Period

180.00

C.

Full Name (Last, First, Middle Initial)

John D. Barnes

Mailing Address 1005 Hardee Place

City

Alexandria

State

VA

Zip Code

22304-1719

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Physical Therapy
Association

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.81

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Transaction ID: 37538063

Amount of Each Receipt this Period

38.47

SUBTOTAL of Receipts This Page (optional)

718.47

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Mr Matthew Wayne Elrod

Mailing Address 4782 Farndon Ct

City

Fairfax

State

VA

Zip Code

22032-1913

FEC ID number of contributing
federal political committee.

C

Name of Employer
APTA

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

477.52

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Transaction ID: 37538065

Amount of Each Receipt this Period

19.24

B.

Full Name (Last, First, Middle Initial)

Mary Jane Harris

Mailing Address 6500 Langleigh Way

City

Alexandria

State

VA

Zip Code

22315-3454

FEC ID number of contributing
federal political committee.

C

Name of Employer
APTA

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.52

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Transaction ID: 37538067

Amount of Each Receipt this Period

19.24

C.

Full Name (Last, First, Middle Initial)

Kenneth Joseph Harwood

Mailing Address 12551 Manderley Way

City

Herndon

State

VA

Zip Code

20171-1828

FEC ID number of contributing
federal political committee.

C

Name of Employer
APTA

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.52

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Transaction ID: 37538068

Amount of Each Receipt this Period

19.24

SUBTOTAL of Receipts This Page (optional)

57.72

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 110

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)**A.**

Full Name (Last, First, Middle Initial)

Karen Jost

Mailing Address 400 Madison Street
Unit 805

City	State	Zip Code
Alexandria	VA	22314-1747

FEC ID number of contributing
federal political committee.

C

Name of Employer
APTAOccupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	1	0

Transaction ID: 37538070

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Justin D Moore

Mailing Address 4819 1st St S

City	State	Zip Code
Arlington	VA	22204-1315

FEC ID number of contributing
federal political committee.

C

Name of Employer
APTAOccupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.81

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	1	0

Transaction ID: 37538071

Amount of Each Receipt this Period

38.47

C.

Full Name (Last, First, Middle Initial)

Ms Wendy W. Schoenewald

Mailing Address 1456 Ferry Rd Unit 601

City	State	Zip Code
Doylestown	PA	18901-2391

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wendy Webb Schoenewald Ph-
ysical TherapOccupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	1	0

Transaction ID: 37539214

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

328.47

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Jake McPherson

Mailing Address 1785 Eggert Rd

City

Amherst

State

NY

Zip Code

14226-2352

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Transaction ID: 37539652

Amount of Each Receipt this Period

1.00

B.

Full Name (Last, First, Middle Initial)

Natalie C. Garland

Mailing Address 147 Baker St

City

Burkesville

State

KY

Zip Code

42717-9057

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 1 / 2 0 1 0

Transaction ID: 37546146

Amount of Each Receipt this Period

45.00

C.

Full Name (Last, First, Middle Initial)

John G. Wallace, Jr

Mailing Address 209 Westvale Rd

City

Duarte

State

CA

Zip Code

91010-1304

FEC ID number of contributing
federal political committee.

C

Name of Employer
BMS

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37549754

Amount of Each Receipt this Period

1300.00

SUBTOTAL of Receipts This Page (optional)

1346.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Kathleen M Picard

Mailing Address 2249 River Rd S

City

Lakeland

State

MN

Zip Code

55043-9775

FEC ID number of contributing
federal political committee.

C

Name of Employer
Big Stone Therapies

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37549761

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Belinda Hays

Mailing Address PO Box 1192

City

Seymour

State

IN

Zip Code

47274-3792

FEC ID number of contributing
federal political committee.

C

Name of Employer
Progressive Physical Ther-
apy

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37549765

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Glenn Ericson Venturini

Mailing Address 5 Leslie Ln

City

Wallingford

State

PA

Zip Code

19086-6330

FEC ID number of contributing
federal political committee.

C

Name of Employer
Optimum Physical Therapy

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37549766

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Mr Thomas M. Eggleton, Dr

Mailing Address 477 Summerhill Vw

City

Alpine

State

CA

Zip Code

91901-2783

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37549767

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Thomas Matthew Peterson

Mailing Address 1521 Northway Dr Ste 116

City

Saint Cloud

State

MN

Zip Code

56303-1274

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kinesis Physical Therapy
Inc

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37549768

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Thomas DiAngelis

Mailing Address 2092 S State Route 123

City

Lebanon

State

OH

Zip Code

45036-9640

FEC ID number of contributing
federal political committee.

C

Name of Employer
Comprehensive Physical Th-
erapy Center

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37549769

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

275.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Ms Randy Roesch

Mailing Address 44125 Rcr 46b

City

Steamboat Springs

State

CO

Zip Code

80487-9525

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37549771

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Ms Bridgit Ann Finley

Mailing Address 609 Manor Hill Dr

City

Norman

State

OK

Zip Code

73072-3981

FEC ID number of contributing
federal political committee.

C

Name of Employer
Physical Therapy Central

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37549773

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr Craig Steven Fava

Mailing Address 140 Oakview Dr

City

Media

State

PA

Zip Code

19063-2112

FEC ID number of contributing
federal political committee.

C

Name of Employer
Parrot Physical Therapy

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37549776

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Mr Jason J. Gauvin

Mailing Address 203 Creek Park Dr

City

Cary

State

NC

Zip Code

27513-5650

FEC ID number of contributing
federal political committee.

C

Name of Employer
Athletic Advantage

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37549778

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms Jennifer Mahler Gamboa

Mailing Address 865 N Nottingham St

City

Arlington

State

VA

Zip Code

22205-1510

FEC ID number of contributing
federal political committee.

C

Name of Employer
Body Dynamics

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

883.34

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37549779

Amount of Each Receipt this Period

83.34

C.

Full Name (Last, First, Middle Initial)

Deborah Reed

Mailing Address 1020c 11th St

City

Tell City

State

IN

Zip Code

47586-2130

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Rehab Incorporat-
ed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37549783

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

583.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Mr James Evan Glinn, Jr

Mailing Address 805 Aerovista Pl Ste 201

City

San Luis Obispo

State

CA

Zip Code

93401-7920

FEC ID number of contributing
federal political committee.

C

Name of Employer
San Luis Obispo Sports Therapy

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37549785

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Daniel Rick

Mailing Address 75-5699 Kopiko St Ste A

City

Kailua Kona

State

HI

Zip Code

96740-3651

FEC ID number of contributing
federal political committee.

C

Name of Employer
Club Rehab Inc.

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37549793

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Deborah Gulbrandson

Mailing Address 429 High Rd

City

Cary

State

IL

Zip Code

60013-2630

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cary Physical Therapy

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37549794

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Ms Alice G Schoos

Mailing Address 45 Orcas Ky

City

Bellevue

State

WA

Zip Code

98006-1019

FEC ID number of contributing
federal political committee.

C

Name of Employer
Peak Sports and Spine Phy-
sical Therapy

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37549797

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr Gilbert A Schoos

Mailing Address 45 Orcas Ky

City

Bellevue

State

WA

Zip Code

98006-1019

FEC ID number of contributing
federal political committee.

C

Name of Employer
Peak Sports & Spine Physi-
cal Therapy

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37549798

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Lorin Kaufman

Mailing Address 8168 State Highway 789

City

Lander

State

WY

Zip Code

82520-2953

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fremont Therapy Group

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37549800

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 110

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)**A.**

Full Name (Last, First, Middle Initial)

Lynn A. Steffes

Mailing Address 12660 W Cherrytree Ln

City

New Berlin

State

WI

Zip Code

53151-7600

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	1	0

Transaction ID: 37549803

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Todd J. Martin

Mailing Address 1545 Verano Way

City

Nipomo

State

CA

Zip Code

93444-9793

FEC ID number of contributing
federal political committee.

C

Name of Employer
PRO-PTOccupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	1	0

Transaction ID: 37549807

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mr Nylin J Johnson

Mailing Address 1188 Sportsplex Dr Ste 101

City

Kaysville

State

UT

Zip Code

84037-9591

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mountain Land RehabOccupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	1	0

Transaction ID: 37549811

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Mr Nylin J Johnson

Mailing Address 1188 Sportsplex Dr Ste 101

City

Kaysville

State

UT

Zip Code

84037-9591

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mountain Land Rehab

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37549812

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Drew G. Bossen

Mailing Address 4191 Westcott Dr Ne

City

Iowa City

State

IA

Zip Code

52240-7788

FEC ID number of contributing
federal political committee.

C

Name of Employer
Progressive Rehab Associa-
tes

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3035.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37549813

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Daniel Souza

Mailing Address 653 Camino De Los Mares Ste 110

City

San Clemente

State

CA

Zip Code

92673-2808

FEC ID number of contributing
federal political committee.

C

Name of Employer
San Clemente Orthopedic
Rehab

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37549815

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Paul Treinen

Mailing Address 248 Saratoga Ave

City

Ortonville

State

MN

Zip Code

56278-2168

FEC ID number of contributing
federal political committee.

C

Name of Employer
Big Stone Therapies

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37549817

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Margot M. Miller

Mailing Address 1105 Carlton Ave

City

Cloquet

State

MN

Zip Code

55720-1843

FEC ID number of contributing
federal political committee.

C

Name of Employer
Workwell Systems, Inc.

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37549822

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Rick Wickstrom

Mailing Address 324 Oliver Rd

City

Cincinnati

State

OH

Zip Code

45215-2615

FEC ID number of contributing
federal political committee.

C

Name of Employer
Workability Center

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37549826

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 110

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)**A.**

Full Name (Last, First, Middle Initial)

Todd Allen Logic

Mailing Address 118 Sunny Brook Rd

City

Roversford

State

PA

Zip Code

19468-1728

FEC ID number of contributing
federal political committee.

C

Name of Employer
APEX Physical TherapyOccupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	1	0

Transaction ID: 37549827

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ms J'Anna Lynne Post

Mailing Address 1188 106th Ave Ne Ste 100

City

Bellevue

State

WA

Zip Code

98004-8612

FEC ID number of contributing
federal political committee.

C

Name of Employer
Olympic Physical TherapyOccupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	1	0

Transaction ID: 37549828

Amount of Each Receipt this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Lydia Radosevich

Mailing Address 439 Mechem Dr

City

Ruidoso

State

NM

Zip Code

88345-6813

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ruidoso Physical TherapyOccupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	1	0

Transaction ID: 37549829

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

3050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Janet Yamada Soto

Mailing Address 2041 Bancroft Way Ste 301

City

Berkeley

State

CA

Zip Code

94704-1443

FEC ID number of contributing
federal political committee.

C

Name of Employer
Berkeley Physical Therapy

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37549830

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Linda Zane

Mailing Address 8297 Bridle Path

City

Boca Raton

State

FL

Zip Code

33496-1201

FEC ID number of contributing
federal political committee.

C

Name of Employer
PTPN of Florida

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37549836

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Helene M. Fearon

Mailing Address 5226 E Via Buena Vis

City

Paradise Valley

State

AZ

Zip Code

85253-2122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37549839

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Sandra Lee Norby

Mailing Address 789 Holton Dr

City

Le Mars

State

IA

Zip Code

51031-3757

FEC ID number of contributing
federal political committee.

C

Name of Employer
Le Mars Physical Therapy

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37549840

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Stephen Mark Levine

Mailing Address 7520 Nw 12th St

City

Plantation

State

FL

Zip Code

33313-5922

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rehabilitation Consulting
& Resource I

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37549841

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms Kelly Marie Sanders

Mailing Address 3069 Tierra Mesa

City

Atascadero

State

CA

Zip Code

93422-1569

FEC ID number of contributing
federal political committee.

C

Name of Employer
San Luis Sports Therapy
& Orthopedic R

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37549843

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 110

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)**A.**

Full Name (Last, First, Middle Initial)

Mr Steven T. Gough

Mailing Address 101 Forest Hills Rd

City

Pittsburgh

State

PA

Zip Code

15221-3709

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allegheny Chesapeake PTOccupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	1	0

Transaction ID: 37549844

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Patrick Donovan Graham

Mailing Address 6453 Spring Water Dr

City

Columbus

State

GA

Zip Code

31904-2982

FEC ID number of contributing
federal political committee.

C

Name of Employer
HPRCOccupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	1	0

Transaction ID: 37549846

Amount of Each Receipt this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Phyllis DiMonte Levine

Mailing Address 14301 S Golden Oak Dr

City

Homer Glen

State

IL

Zip Code

60491-9696

FEC ID number of contributing
federal political committee.

C

Name of Employer
Functional Therapy and Re-
habOccupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	1	0

Transaction ID: 37549847

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Karen L. Ross

Mailing Address 5493 March St

City

Robstown

State

TX

Zip Code

78380-6034

FEC ID number of contributing
federal political committee.

C

Name of Employer
Affiliated Therapy Group

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37549850

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Joseph Stephen Albright

Mailing Address 1020 Maplewood Dr

City

Coralville

State

IA

Zip Code

52241-9701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Progressive Rehabilitation
Associates

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37549852

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms Carole Lewis

Mailing Address 7032 Winterberry Ln

City

Bethesda

State

MD

Zip Code

20817-2960

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37549853

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 110

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)**A.**

Full Name (Last, First, Middle Initial)

George Cachares

Mailing Address 9735 Southwest Hwy

City

Oak Lawn

State

IL

Zip Code

60453-3614

FEC ID number of contributing
federal political committee.**C**Name of Employer
Southwest Physical TherapyOccupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	1	0

Transaction ID: 37549854

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

K. Bart Jones

Mailing Address 2830 Marye St

City

Alexandria

State

LA

Zip Code

71301-4926

FEC ID number of contributing
federal political committee.**C**Name of Employer
Central Louisiana RehabOccupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	1	0

Transaction ID: 37549855

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr Frank Cosmo Fantazzi

Mailing Address 4720 Lincrest Dr

City

Brookfield

State

WI

Zip Code

53045-1123

FEC ID number of contributing
federal political committee.**C**Name of Employer
PT PlusOccupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	1	0

Transaction ID: 37549857

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Ms Kay Scanlon

Mailing Address 900 Valley Rd Apt A101

City

Elkins Park

State

PA

Zip Code

19027-3229

FEC ID number of contributing
federal political committee.

C

Name of Employer
Excel PT

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37549860

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mr James M Baniewicz

Mailing Address 94 Greenbriar Ln

City

Newtown

State

PA

Zip Code

18940-1680

FEC ID number of contributing
federal political committee.

C

Name of Employer
Newtown-Jamison Physical
Therapy

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37549861

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Thomas L. Kolacki

Mailing Address 24049 S Schoolhouse Rd

City

Manhattan

State

IL

Zip Code

60442-9523

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southwest PT & Rehab Ltd

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37549862

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Louise D. Yurko

Mailing Address 123 Buena Vista Dr

City

Newport

State

NC

Zip Code

28570-8119

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carteret Physical Therapy
Associates

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37549865

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Audrey M. Waldron

Mailing Address 5387 Manhattan Cir Ste 100a

City

Boulder

State

CO

Zip Code

80303-4283

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37549866

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms Donna Singer

Mailing Address 116 Oceanport Ave Ste 1

City

Little Silver

State

NJ

Zip Code

07739-1250

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sports Care & Physical Re-
hab

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37549867

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Judith Dougherty

Mailing Address 1601 Stonehill Way

City

Bethlehem

State

PA

Zip Code

18015-8964

FEC ID number of contributing
federal political committee.

C

Name of Employer
Physical Therapy at St.
Luke's

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37549868

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dennis J. Dougherty

Mailing Address 1601 Stonehill Way

City

Bethlehem

State

PA

Zip Code

18015-8964

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rehab Partners

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37549869

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Alfonso L. Amato

Mailing Address 11709 Old Ballas Rd Ste 205

City

Saint Louis

State

MO

Zip Code

63141-7029

FEC ID number of contributing
federal political committee.

C

Name of Employer
FOTO

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37549871

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Mr Vinod Y. Somareddy

Mailing Address 475 Northern Blvd Ste 11

City

Great Neck

State

NY

Zip Code

11021-4802

FEC ID number of contributing
federal political committee.

C

Name of Employer
Reddy-Care Physical Thera-
py

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37549872

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

James J. Dagostino

Mailing Address 3809 Plaza Dr Ste 112

City

Oceanside

State

CA

Zip Code

92056-4625

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dagostino Physical Therap-
y, Inc

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1035.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37549876

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Paul O. Kraushaar

Mailing Address 1737 Arbor Oaks Dr

City

Muscatine

State

IA

Zip Code

52761-2623

FEC ID number of contributing
federal political committee.

C

Name of Employer
Muscatine Physical Therapy
Services

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37549877

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Douglas W. Ball

Mailing Address 801 S 1st E

City

Grace

State

ID

Zip Code

83241-5386

FEC ID number of contributing
federal political committee.

C

Name of Employer
Physical Therapy Works

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37549878

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

James Alan Hoyme

Mailing Address 25 Scotch Pine Cir

City

Saint Paul

State

MN

Zip Code

55127-2040

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orth/Sports PT Clinic

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37549881

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Amira Ranney

Mailing Address 90 Southside Ave Ste 225

City

Asheville

State

NC

Zip Code

28801-4188

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mountain Physical Therapy
Services

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37549885

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Janet Albanese

Mailing Address 20 Walnut St Ste B

City

Montgomery

State

NY

Zip Code

12549-2261

FEC ID number of contributing
federal political committee.

C

Name of Employer
Physical Therapy and Well-
ness

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37549887

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr Jason Scott Sanders

Mailing Address 3069 Tierra Mesa

City

Atascadero

State

CA

Zip Code

93422-1569

FEC ID number of contributing
federal political committee.

C

Name of Employer
San Luis Sports Therapy
& Orthopedic R

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37549888

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Paul J. Welk

Mailing Address 278 Walnut St

City

Blawnox

State

PA

Zip Code

15238-3331

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tucker Law

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37549890

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Mark Anthony Netzing

Mailing Address 1799 313th Ave Ne

City

Cambridge

State

MN

Zip Code

55008-6810

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Ergonomics, Inc.

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37549891

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr Paul D. Gaspar

Mailing Address 748 Lynwood Dr

City

Encinitas

State

CA

Zip Code

92024-2389

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gaspar Physical Therapy

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37549893

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Cindy Furey

Mailing Address 5677 Oberlin Dr Ste 106

City

San Diego

State

CA

Zip Code

92121-1741

FEC ID number of contributing
federal political committee.

C

Name of Employer
Comprehensive Therapy Ser-
vices

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37671338

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Mary Pat Corrigan Jobes

Mailing Address 977 Giaroli St

City

Memphis

State

TN

Zip Code

38122-1934

FEC ID number of contributing
federal political committee.

C

Name of Employer
Methodist Health

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37671404

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Lita Peeters

Mailing Address 295 Martin Rd

City

Carlisle

State

PA

Zip Code

17015-9267

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37671413

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Kathryn B. Stenslie

Mailing Address 6201 River Rd.
Apt. 205

City

Columbus

State

GA

Zip Code

31904-4557

FEC ID number of contributing
federal political committee.

C

Name of Employer
PT Pros

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37671415

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Ms Lynda D. Brown

Mailing Address 850 Road 5

City

Powell

State

WY

Zip Code

82435-8422

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advantage Rehab

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37671417

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Jennifer Lynne Ford

Mailing Address 557 Park St Apt 6

City

Lewiston

State

ID

Zip Code

83501-2581

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Joseph Regional Medic-
al Center

Occupation
PTA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37671419

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Anne-Marie Sirois

Mailing Address 10 Tatomuck Rd

City

Pound Ridge

State

NY

Zip Code

10576-1429

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37671421

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Dennis P. Langton

Mailing Address 727 Live Oak Dr

City

El Cajon

State

CA

Zip Code

92020-5633

FEC ID number of contributing
federal political committee.

C

Name of Employer
E&L and Associates Physic-
al Therapy

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37671423

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr Christopher Daniel Maddox

Mailing Address 1701 Watford Gln

City

Lawrenceville

State

GA

Zip Code

30043-3078

FEC ID number of contributing
federal political committee.

C

Name of Employer
Select Physical Therapy

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37671424

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Ms Victoria S T Tilley

Mailing Address 1101 Bartlett Cir

City

Hillsborough

State

NC

Zip Code

27278-6772

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37671425

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

175.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 110

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)**A.**

Full Name (Last, First, Middle Initial)

Kristin Von Nieda

Mailing Address 3420 Warden Dr

City

Philadelphia

State

PA

Zip Code

19129-1418

FEC ID number of contributing
federal political committee.**C**Name of Employer
Temple UniversityOccupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	1	0

Transaction ID: 37671427

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Stephen McDavitt

Mailing Address 55 Spring St Unit B

City

Scarborough

State

ME

Zip Code

04074-8926

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self-EmployedOccupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	1	0

Transaction ID: 37671429

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Ms Sharon L. Dunn

Mailing Address 5730 Marina Bay Dr

City

Shreveport

State

LA

Zip Code

71119-3918

FEC ID number of contributing
federal political committee.**C**Name of Employer
LSUHSC-ShreveportOccupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

685.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	1	0

Transaction ID: 37671430

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Richard L Bettsworth

Mailing Address 723 N 71st St

City

Seattle

State

WA

Zip Code

98103-5128

FEC ID number of contributing
federal political committee.

C

Name of Employer
Swedish Medical Center

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37671436

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Rick Anthony Gawenda

Mailing Address 7913 Creek Bend Dr

City

Ypsilanti

State

MI

Zip Code

48197-6204

FEC ID number of contributing
federal political committee.

C

Name of Employer
Detroit Medical Center

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37671438

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Kathleen K. Mairella

Mailing Address 256 Whitford Ave

City

Nutley

State

NJ

Zip Code

07110-1820

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37671440

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Ms Jennifer Ann Lesko

Mailing Address 702 2nd Ave W Apt 205

City

Seattle

State

WA

Zip Code

98119-3771

FEC ID number of contributing
federal political committee.

C

Name of Employer
Therapeutic Associates

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37671503

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr David A. Pariser

Mailing Address 5319 Manor Ct

City

Crestwood

State

KY

Zip Code

40014-8845

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bellarmine University

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37671504

Amount of Each Receipt this Period

60.00

C.

Full Name (Last, First, Middle Initial)

Mr Greg Joseph LeBlanc

Mailing Address 16313 Spanish Ct

City

Greenwell Springs

State

LA

Zip Code

70739-5935

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baton Rouge Physical Ther-
apy

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

431.68

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37671505

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

135.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Dr William D. Bandy

Mailing Address Ptc 300

City

Conway

State

AR

Zip Code

72035-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Central Ark-
ansas

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

605.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37671506

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Ms Beth McKittrick-Bandy

Mailing Address 822 Cartier Ln

City

Little Rock

State

AR

Zip Code

72211-5509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arkansas Children's Hospi-
tal

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37671508

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Jeanine Marie Gunn

Mailing Address 2092 S State Route 123

City

Lebanon

State

OH

Zip Code

45036-9640

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

605.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37671509

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Mary Lynn Wilson English

Mailing Address 1985 Blackhorse Ln

City

Lexington

State

KY

Zip Code

40503-3707

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Kentucky

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37671510

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr Lisa Kristine Saladin

Mailing Address 1325 Overcreek Ct

City

Mount Pleasant

State

SC

Zip Code

29464-9490

FEC ID number of contributing
federal political committee.

C

Name of Employer
MUSC

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37671511

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Timothy Schell

Mailing Address 408 Taas Trail

City

Mercer

State

PA

Zip Code

16137-9350

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37671512

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Dr Kathleen Ann Luedtke-Hoffmann

Mailing Address 2722 Woods Ln

City

Garland

State

TX

Zip Code

75044-2808

FEC ID number of contributing
federal political committee.

C

Name of Employer
Texas Women's University

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37671513

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Ms Holly M. Clynych

Mailing Address 18220 Ginavale Ln

City

Eden Prairie

State

MN

Zip Code

55346-2107

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Catherine University

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37671514

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Mr Peter J McMenamin

Mailing Address 130 N Garland Ct Apt 3805

City

Chicago

State

IL

Zip Code

60602-4836

FEC ID number of contributing
federal political committee.

C

Name of Employer
Physical Therapy Chicago

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37671519

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Craig Kopet

Mailing Address 16259 Sylvester Rd Sw Ste 102

City

Burien

State

WA

Zip Code

98166-3094

FEC ID number of contributing
federal political committee.

C

Name of Employer
Highline PT & Sports Clin-
ic

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37671520

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Mr Arthur Clarence Bronsord

Mailing Address 16917 Ketocin Church Rd

City

Purcellville

State

VA

Zip Code

20132-3542

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of the Art Physical
Therapy

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37671522

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Jerry Klug

Mailing Address 1475 1st Ave Sw

City

Jacksonville

State

AL

Zip Code

36265-3337

FEC ID number of contributing
federal political committee.

C

Name of Employer
AL Physical Rehab Service

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.34

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37671524

Amount of Each Receipt this Period

208.33

SUBTOTAL of Receipts This Page (optional)

458.33

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Mr Peter Barnett

Mailing Address PO Box 319
194 2nd Ave

City State Zip Code
Cedar Grove NJ 07009-0319

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37671525

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

David Vincent Powers

Mailing Address 1583 Calle Patricia Ste 200

City State Zip Code
Pacific Palisades CA 90272-1942

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ultimate Rehab

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37671528

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Maria V. Gerlich

Mailing Address 865 W End Ave Apt 12e

City State Zip Code
New York NY 10025-8408

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37671529

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Pamela G. Unger

Mailing Address 443 Wentz St

City

Kutztown

State

PA

Zip Code

19530-1033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cellfication Inc.

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37671531

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Ms Margaret E Hutchison Vitek

Mailing Address 2 Deerfield Rd

City

Hilton Head Island

State

SC

Zip Code

29926-1940

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hargray

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 37672393

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Mr Charles Marion Dilla

Mailing Address 8512 Aqueduct Rd

City

Potomac

State

MD

Zip Code

20854-6210

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 1 0

Transaction ID: 37675611

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

230.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Stephanie Riley

Mailing Address 330 Hawser Ln

City

Naples

State

FL

Zip Code

34102-5031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Transaction ID: 37675629

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Paul A. Rockar, Jr

Mailing Address 3911 Murry Highlands Cir

City

Murrysville

State

PA

Zip Code

15668-1734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Centers for Rehab Services

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2890.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Transaction ID: 37675630

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Susan J. Allen

Mailing Address 195 Ave De La Demerald

City

Sparks

State

NV

Zip Code

89434-9550

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 4 / 2 0 1 0

Transaction ID: 37675639

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 / 110

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)**A.**

Full Name (Last, First, Middle Initial)

Alan N. Balavender

Mailing Address 270 Farmington Ave Ste 303

City

Farmington

State

CT

Zip Code

06032-1952

FEC ID number of contributing
federal political committee.**C**Name of Employer
Physical Therapy and Sports
Medicine COccupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: 37685693

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr Paul G. Vidal

Mailing Address 5 Whitechapel Dr

City

Mount Laurel

State

NJ

Zip Code

08054-3315

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self-EmployedOccupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: 37685769

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Janis E. Kemper

Mailing Address 2534 5th St

City

Shelbyville

State

MI

Zip Code

49344-9737

FEC ID number of contributing
federal political committee.**C**Name of Employer
Northern Physical TherapyOccupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: 37685770

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1650.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 / 110

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)**A.**

Full Name (Last, First, Middle Initial)

Ms Barbara Bernard Butler

Mailing Address 807 Asa Gray Dr Apt 203

City

Ann Arbor

State

MI

Zip Code

48105-3511

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Michigan Me-
dical CenterOccupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	8	/	2	0	1	0

Transaction ID: 37723768

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Sandra Jungwirth

Mailing Address 16221 375th Ave

City

Athol

State

SD

Zip Code

57424-5501

FEC ID number of contributing
federal political committee.

C

Name of Employer
NRCTVOccupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	1	0

Transaction ID: 37723790

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Mr Patrick J. VanBeveren

Mailing Address 727 Sumner Ave

City

Syracuse

State

NY

Zip Code

13210-2925

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	1	0

Transaction ID: 37723821

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 95 / 110

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)**A.**

Full Name (Last, First, Middle Initial)

Jane K. Okubo

Mailing Address 6711 Rappahannock Way

City

Carmichael

State

CA

Zip Code

95608-1552

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
PT

Receipt For:

☐ Primary
 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	9	/	2	0	1	0

Transaction ID: 37773339

Amount of Each Receipt this Period

0.00

[MEMO ITEM]Refund(s) on Schedule B
Totaling \$1000.00 This ch-
anges the YTD Total to \$0-
.00

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

77913.15

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 96 / 110

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

SunTrust Bank

Mailing Address Old Town Branch
King Street

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1167.68

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 37682959

Amount of Each Receipt this Period

91.04

SUBTOTAL of Receipts This Page (optional)

91.04

TOTAL This Period (last page this line number only)

91.04

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 97 / 110

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Stutzman For Congress

Mailing Address 0250 W 600 N

City
Howe

State
IN

Zip Code
46746

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Marlin Stutzman

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2010

☐ Primary ☒ General
☐ Other (specify) ▼

State: IN

District: 03

Transaction ID: 37153891

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Bill Keating Committee; The

Mailing Address PO Box 690353

City
Quincy

State
MA

Zip Code
02269

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. William Keating

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2010

☐ Primary ☒ General
☐ Other (specify) ▼

State: MA

District: 10

Transaction ID: 37153910

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Daniel Webster For Congress

Mailing Address 3400 Old Winter Garden Road

City
Orlando

State
FL

Zip Code
32805

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Daniel Webster

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2010

☐ Primary ☒ General
☐ Other (specify) ▼

State: FL

District: 08

Transaction ID: 37300446

Date of Disbursement

10 / 20 / 2010

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 98 / 110

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A. Full Name (Last, First, Middle Initial) Sandy Adams For Congress	Transaction ID: 37300447 Date of Disbursement																				
Mailing Address P. O. Box 1566	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	0		2	0	1	0												
City Orlando State FL Zip Code 32802	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>1500.00</td> </tr> </table>	1500.00																			
1500.00																					
Candidate Name Sandy Adams	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Kinzinger For Congress	Transaction ID: 37300448 Date of Disbursement																				
Mailing Address PO Box 1050	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	0		2	0	1	0												
City Bourbonnais State IL Zip Code 60914	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>1500.00</td> </tr> </table>	1500.00																			
1500.00																					
Candidate Name Mr. Adam Kinzinger	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Randy Hultgren For Congress	Transaction ID: 37300449 Date of Disbursement																				
Mailing Address PO Box 39	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	0		2	0	1	0												
City Batavia State IL Zip Code 60510	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Mr. Randy Hultgren	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 99 / 110

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A. Full Name (Last, First, Middle Initial) Lee Terry For Congress	Transaction ID: 37300450 Date of Disbursement																				
Mailing Address PO Box 540098	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	0		2	0	1	0												
City Omaha State NE Zip Code 68154	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Lee Terry	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Friends Of Frank Guinta	Transaction ID: 37300451 Date of Disbursement																				
Mailing Address P.O. Box 877	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	0		2	0	1	0												
City Manchester State NH Zip Code 03105	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Mr. Frank Guinta	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Robert Hurt For Congress	Transaction ID: 37300453 Date of Disbursement																				
Mailing Address PO Box 2	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	0		2	0	1	0												
City Chatham State VA Zip Code 24531	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Mr. Robert Hurt	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 100 / 110

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A. Full Name (Last, First, Middle Initial) Ranger PAC	Transaction ID: 37300810 Date of Disbursement																				
Mailing Address P.O. Box 2485	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	0		2	0	1	0												
City Springfield State VA Zip Code 22152	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Comeback Pac	Transaction ID: 37301193 Date of Disbursement																				
Mailing Address P.O. Box 2485	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	0		2	0	1	0												
City Springfield State VA Zip Code 22152	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Shelley Moore Capito For Congress	Transaction ID: 37301287 Date of Disbursement																				
Mailing Address P.O. Box 11519	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	0		2	0	1	0												
City Charleston State WV Zip Code 25339	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>1500.00</td> </tr> </table>	1500.00																			
1500.00																					
Candidate Name Rep. Shelley Moore Capito	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

11500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 101 / 110

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A. Full Name (Last, First, Middle Initial) WEDGE PAC <hr/> Mailing Address P.O. Box 680063	Transaction ID: 37301744 Date of Disbursement <div> <div>10</div> <div>20</div> <div>2010</div> </div>
<div> <div>City</div> <div>Franklin</div> </div> <div> <div>State</div> <div>TN</div> </div> <div> <div>Zip Code</div> <div>37068</div> </div> <div> <div>Purpose of Disbursement</div> <div>011</div> </div> <div> <div>Candidate Name</div> <div></div> </div> <div> <div>Office Sought:</div> <div> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </div> </div> <div> <div>Disbursement For:</div> <div> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div> </div> <div> <div>State:</div> <div>District:</div> </div>	Amount of Each Disbursement this Period <div>5000.00</div>
B. Full Name (Last, First, Middle Initial) Guthrie For Congress <hr/> Mailing Address PO Box 9639	Transaction ID: 37301986 Date of Disbursement <div> <div>10</div> <div>20</div> <div>2010</div> </div>
<div> <div>City</div> <div>Bowling Green</div> </div> <div> <div>State</div> <div>KY</div> </div> <div> <div>Zip Code</div> <div>42102</div> </div> <div> <div>Purpose of Disbursement</div> <div>011</div> </div> <div> <div>Candidate Name</div> <div>Mr. S. Brett Guthrie</div> </div> <div> <div>Office Sought:</div> <div> <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </div> </div> <div> <div>Disbursement For:</div> <div> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div> </div> <div> <div>State: KY</div> <div>District: 02</div> </div>	Amount of Each Disbursement this Period <div>5000.00</div>
C. Full Name (Last, First, Middle Initial) Keystone PAC <hr/> Mailing Address P.O. Box 29	Transaction ID: 37302723 Date of Disbursement <div> <div>10</div> <div>20</div> <div>2010</div> </div>
<div> <div>City</div> <div>Uwchland</div> </div> <div> <div>State</div> <div>PA</div> </div> <div> <div>Zip Code</div> <div>19480</div> </div> <div> <div>Purpose of Disbursement</div> <div>011</div> </div> <div> <div>Candidate Name</div> <div></div> </div> <div> <div>Office Sought:</div> <div> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </div> </div> <div> <div>Disbursement For:</div> <div> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div> </div> <div> <div>State:</div> <div>District:</div> </div>	Amount of Each Disbursement this Period <div>5000.00</div>

SUBTOTAL of Disbursements This Page (optional) ►

15000.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)**A.**

Full Name (Last, First, Middle Initial)

Stutzman For Congress

Mailing Address 0250 W 600 N

City
HoweState
INZip Code
46746

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Marlin Stutzman

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2010

☐ Primary
☒ General
☐ Other (specify) ▼

State: IN

District: 03

Transaction ID: 37302725

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Tim Scott For Congress

Mailing Address 1405 Ashley River Road

City
CharlestonState
SCZip Code
29407

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Timothy Scott

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2010

☐ Primary
☒ General
☐ Other (specify) ▼

State: SC

District: 01

Transaction ID: 37302726

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

Chuck Fleischmann For Congress Committee, Inc.

Mailing Address P.O. Box 11091
Suite 1000 James BuildingCity
ChattanoogaState
TNZip Code
37401

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Charles Fleischmann

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2010

☐ Primary
☒ General
☐ Other (specify) ▼

State: TN

District: 03

Transaction ID: 37302727

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
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Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A. Full Name (Last, First, Middle Initial) Graves For Congress	Transaction ID: 37302731 Date of Disbursement																				
Mailing Address 2345 Grand, Suite 2400	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	0		2	0	1	0												
City Kansas City State MO Zip Code 64108	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>3000.00</td> </tr> </table>	3000.00																			
3000.00																					
Candidate Name Mr. Samuel Graves	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Bilirakis For Congress	Transaction ID: 37302732 Date of Disbursement																				
Mailing Address PO Box 606	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	0		2	0	1	0												
City Tarpon Springs State FL Zip Code 34688	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>3000.00</td> </tr> </table>	3000.00																			
3000.00																					
Candidate Name Mr. Gus Bilirakis	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 09	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Diane Black For Congress	Transaction ID: 37302733 Date of Disbursement																				
Mailing Address 819 Plantation Blvd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	0		2	0	1	0												
City Gallatin State TN Zip Code 37066	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>1500.00</td> </tr> </table>	1500.00																			
1500.00																					
Candidate Name Ms. Diane Black	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A. Full Name (Last, First, Middle Initial)
Whitfield For Congress Committee

Mailing Address P.O. Box 391

City Hopkinsville State KY Zip Code 42241

Purpose of Disbursement

Candidate Name
Edward Whitfield

Office Sought: ☒ House
☐ Senate
☐ President

State: KY District: 01

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 37302742

Date of Disbursement

10 / 20 / 2010

Amount of Each Disbursement this Period

2000.00

B. Full Name (Last, First, Middle Initial)
Trey Gowdy For Congress

Mailing Address PO Box 3324

City Spartanburg State SC Zip Code 29304

Purpose of Disbursement

Candidate Name
Mr. Trey Gowdy

Office Sought: ☒ House
☐ Senate
☐ President

State: SC District: 04

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 37302743

Date of Disbursement

10 / 20 / 2010

Amount of Each Disbursement this Period

2000.00

C. Full Name (Last, First, Middle Initial)
Latham For Congress

Mailing Address P.O. Box 71
PO Box 71

City Clarion State IA Zip Code 50525

Purpose of Disbursement

Candidate Name
Mr. Tom Latham

Office Sought: ☒ House
☐ Senate
☐ President

State: IA District: 05

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 37302745

Date of Disbursement

10 / 20 / 2010

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A. Full Name (Last, First, Middle Initial) Chris Lee For Congress	Transaction ID: 37302747 Date of Disbursement
Mailing Address PO Box 15395	<div> <div>10</div> <div>20</div> <div>2010</div> </div>
City Rochester State NY Zip Code 14615	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>2000.00</div>
Candidate Name Rep. Christopher John Lee	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Friends of Joe Pitts Committee	Transaction ID: 37302748 Date of Disbursement
Mailing Address P.O. Box 2776	<div> <div>10</div> <div>20</div> <div>2010</div> </div>
City Arlington State VA Zip Code 22202	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>4000.00</div>
Candidate Name Joseph Pitts	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Rehberg For Congress	Transaction ID: 37302755 Date of Disbursement
Mailing Address PO Box 1597	<div> <div>10</div> <div>20</div> <div>2010</div> </div>
City Helena State MT Zip Code 59624	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>3000.00</div>
Candidate Name Rep. Dennis R. Rehberg	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)**A.**

Full Name (Last, First, Middle Initial)

New Pioneers PAC

Mailing Address 228 S. Washington Street
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Candidate Name
New Pioneers PACOffice Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼**Transaction ID:** 37302756

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Rob Wittman For Congress

Mailing Address P.O. Box 999

City Montross State VA Zip Code 22520

Purpose of Disbursement

Candidate Name
Mr. Robert WittmanOffice Sought: ☒ House
☐ Senate
☐ President

State: VA District: 01

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼**Transaction ID:** 37302757

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

Womack For Congress Finance Committee

Mailing Address 314 W Walnut
PO Box 508

City Rogers State AR Zip Code 72757

Purpose of Disbursement

Candidate Name
Mr. Steve WomackOffice Sought: ☒ House
☐ Senate
☐ President

State: AR District: 03

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼**Transaction ID:** 37302760

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A. Full Name (Last, First, Middle Initial)
Congressman Bill Young Campaign Committee

Mailing Address P. O. Box 47025

City State Zip Code
St. Petersburg FL 33743

Purpose of Disbursement

011
Category/
Type

Candidate Name
C Young

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify) ▼

State: FL District: 10

Transaction ID: 37302761

Date of Disbursement

10 / 20 / 2010

Amount of Each Disbursement this Period

3000.00

B. Full Name (Last, First, Middle Initial)
Duncan D. Hunter For Congress

Mailing Address 9340 Fuerte Drive Suite 302

City State Zip Code
La Mesa CA 91941

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Duncan L. Hunter

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify) ▼

State: CA District: 52

Transaction ID: 37302762

Date of Disbursement

10 / 20 / 2010

Amount of Each Disbursement this Period

2000.00

C. Full Name (Last, First, Middle Initial)
Hoeven For Senate

Mailing Address PO Box 15114

City State Zip Code
Arlington VA 22215

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. John Hoeven

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify) ▼

State: VA District:

Transaction ID: 37302788

Date of Disbursement

10 / 20 / 2010

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 108 / 110

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)**A.** Full Name (Last, First, Middle Initial)
Ed Markey for Congress Committee

Mailing Address P.O. Box 526

City State Zip Code
Medford MA 02155

Purpose of Disbursement

Candidate Name
Edward MarkeyOffice Sought: ☒ House
☐ Senate
☐ President

State: MA District: 07

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 37343513

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Amount of Each Disbursement this Period

1000.00									
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B. Full Name (Last, First, Middle Initial)
Chuck Fleischmann For Congress Committee, Inc.Mailing Address P.O. Box 11091
Suite 1000 James BuildingCity State Zip Code
Chattanooga TN 37401

Purpose of Disbursement

Candidate Name
Mr. Charles FleischmannOffice Sought: ☒ House
☐ Senate
☐ President

State: TN District: 03

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 37343514

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Amount of Each Disbursement this Period

1000.00									
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C. Full Name (Last, First, Middle Initial)
Friends Of John Sarbanes

Mailing Address PO Box 6854

City State Zip Code
Towson MD 21285Purpose of Disbursement
Check ReturnedCandidate Name
Rep. John SarbanesOffice Sought: ☒ House
☐ Senate
☐ President

State: MD District: 03

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 37343972

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Amount of Each Disbursement this Period

-1000.00									
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Check Returned

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)**A.** Full Name (Last, First, Middle Initial)
Texans For Senator John Cornyn IncMailing Address PO Box 13026
Suite 180

City Austin State TX Zip Code 78711

Purpose of Disbursement

Candidate Name
Sen. John CornynOffice Sought: ☐ House
☒ Senate
☐ President

State: TX District:

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 37682870

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	1	0

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
H.E.R.G.E.R. PAC

Mailing Address P.O. Box 984

City Willows State CA Zip Code 95988

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 37682871

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	1	0

Amount of Each Disbursement this Period

5000.00

C. Full Name (Last, First, Middle Initial)
Friends Of Glenn Thompson

Mailing Address PO Box 1112

City State College State PA Zip Code 16804

Purpose of Disbursement

Candidate Name
Mr. Glenn ThompsonOffice Sought: ☒ House
☐ Senate
☐ President

State: PA District: 05

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 37682949

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	1	0

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

91500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 110 / 110

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Jane K. Okubo

Mailing Address 6711 Rappahannock Way

City State Zip Code
Carmichael CA 95608-1552

Purpose of Disbursement

Refund of Contribution

Candidate Name

010

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 37723828

Date of Disbursement

M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Amount of Each Disbursement this Period

1000.00

Refund of Contribution

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00